

DEPARTMENT OF HEALTH AND HUMAN SERVICES

**Substance Abuse and Mental Health Services Administration
Center for Mental Health Services**

**Guidance for Applicants (GFA) No. SM 02-006
Part I - Programmatic Guidance**

**Targeted Capacity Expansion Grants to Address
Mental Health Service Needs of Public Safety Workers
Responding to Terrorist Attacks**

**Application Due Date:
June 19, 2002**

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Agency

Department of Health and Human Services (DHHS), Substance Abuse and Mental Health Services Administration (SAMHSA)

Action and Purpose

The Substance Abuse and Mental Health Services Administration (SAMHSA), The Center for Mental Health Services (CMHS), announces the availability of fiscal year 2002 funds to support the provision of mental health services to public safety workers who respond to major national disasters such as the September 11, 2001, terrorist attacks.

The purpose of this program is to provide high-quality community-based mental health services for fire and rescue personnel, police officers, and other workers directly involved in recovery efforts resulting from such events. In particular, the program is aimed at addressing the needs of workers engaged in rescue efforts or in searches for the missing and deceased. Emphasis will be placed on services that build upon available evidence of effective ways to promote healthy coping behaviors in response to traumatic exposure and grief.

Approximately \$2,200,000 will be available for up to six awards. The average annual award will range from \$300,000 to \$370,000 in total costs (direct and indirect). Actual funding levels will depend on the availability of funds. Awards may be requested for up to 3 years. Annual continuation awards depend on the availability of funds and progress achieved.

Who Can Apply?

States, political subdivisions of States, private nonprofit agencies, and Indian Tribes and tribal organizations may apply for targeted capacity expansion grants. For example, the following are eligible to apply:

- C Community-based mental health providers.
- C Nonprofit employee assistance programs.
- C Occupational health organizations.
- C Voluntary organizations, including faith-based organizations.

Funds under this announcement are intended to provide interim and long-term services for public safety workers involved in the response to the September 11 terrorist attacks.

Therefore, applications are limited to programs from States that were directly impacted by the September 11 attacks (New York, Virginia, and Pennsylvania) and to programs from adjacent States (New Jersey, Connecticut, Maryland, Massachusetts, Rhode Island, and the District of Columbia), where significant numbers of public safety workers were involved in response efforts through mutual aid agreements. As noted on page 9, applicants must provide a detailed justification of needs directly related to the September 11 attacks.

All direct providers of mental health services involved in the proposed project must be in compliance with all local, city, county, and/or State requirements for licensing, accreditation, or certification.

Because SAMHSA recognizes the role of State governments in addressing disaster mental health issues, applicants must coordinate with their State Mental Health Authority. At the time the applicant submits its application to SAMHSA, the applicant also must send a copy of the application to the State Mental Health Authority for review and comment. A copy of the cover letter to the Director of the State Mental Health Authority accompanying the application should be included as Appendix 4 of your application. State Mental Health Authority comments will be considered in SAMHSA's decision-making process for awards.

For State Mental Health Authority comments to be considered in the award decision-making process, they must be submitted within 30 days after the receipt date for applications. This means that comments must be submitted to CMHS by July 19, 2002. Address comments to:

Bernard S. Arons, M.D.
Director, Center for Mental Health Services
Substance Abuse and Mental Health Services
Administration
5600 Fishers Lane, Room 17-99
Rockville, Maryland 20857
Attn: Public Safety Award Recommendations

Application Kit

SAMHSA application kits include the two-part grant announcement (also called the Guidance for Applicants, or GFA) and the blank form

PHS-5161 (revised July 2000), needed to apply for a grant.

The GFA has two parts:

Part I - Provides information specific to the grant. It is different for each GFA. This document is Part I.

Part II - Has general policies and procedures that apply to all SAMHSA grant and cooperative agreements.

You will need to use both Part I and Part II to apply for a SAMHSA grant or cooperative agreement.

To get a complete application kit, including Parts I and II, you can:

Call the CMHS
Knowledge Exchange Network (KEN) at:
Voice: 1-800-789-2647
Monday through Friday,
8:30 a.m. to 5:00 p.m., e.s.t.
TDD: 866-889-2647
Fax: 301-984-8796
E-mail: ken@mentalhealth.org
Write: P.O. Box 42490
Washington, D.C. 20015
Web site: www.mentalhealth.org

or

Download the application kit from the SAMHSA web site at www.SAMHSA.gov. Click on "grant opportunities." Be sure to download both parts of the GFA.

Where to Send the Application

Send the original and two copies of your grant application to:

SAMHSA Programs
Center for Scientific Review
National Institutes of Health
Suite 1040
6701 Rockledge Drive MSC-7710
Bethesda, MD 20892-7710*

* Change the zip code to 20817 if you use express mail or courier service.

Please note:

- 1) Be sure to type: "SM-02-006 Public Safety Worker Mental Health" in Item Number 10 on the face page of the application form.
- 2) If you require a phone number for delivery, you may use (301) 435-0715.
- 3) Effective immediately, all applications MUST be sent via a recognized commercial or government carrier. Hand-carried applications will not be accepted.

Application Dates

Your application must be received by June 19, 2002.

Applications received after this date must have a proof-of-mailing date from the carrier before June 12, 2002.

Private metered postmarks are not acceptable as proof of timely mailing. Late applications will be returned without review.

How to Get Help

For questions on program issues, contact:

Seth Hassett, M.S.W.
Public Health Advisor
5600 Fishers Lane, Room 17C-20
Rockville, MD 20857
(301) 443-4735
E-mail: shassett@samhsa.gov

For questions on grants management issues, contact:

Steve Hudak
Grants Management Officer
Division of Grants Management
Substance Abuse and Mental Health Services Administration
5600 Fishers Lane, Room 13-103
Rockville, MD 20857
(301) 443-9666
E-mail: shudak@samhsa.gov

Funding Criteria

Decisions to fund a grant are based on:

- c The strengths and weaknesses of the application, as shown by the Peer Review Committee and approved by the CMHS National Advisory Council.
- c Geographic distribution of service sites within eligible areas.

- c State Mental Health Authority comments.
- c Availability of funds.

Post Award Requirements

Recipients of Public Safety Workers Disaster Mental Health grants will be required to:

- c Comply with the GFA requirements and Terms and Conditions of Awards.
- c Provide financial status reports.
- c Submit a semiannual process evaluation documenting:
 1. Types of services provided.
 2. Numbers and characteristics of persons served.
 3. Mental health issues of service recipients.
 4. Consumer satisfaction with services.

Note: It will be necessary to obtain clearance from the Office of Management and Budget (OMB) for all consumer satisfaction surveys. Grantees should allow up to 8 weeks for OMB approval after submission of proposed consumer satisfaction surveys. A guidance document will be provided to grantees to help in preparing survey proposals after grant awards have been made.

- c Attend an annual grantee meeting organized by SAMHSA in the Washington, DC, area. Grantees will be responsible for travel

expenses of project director and one additional staff person.

- c Submit a proposed program plan, budget, and budget justification annually for the next budget year.
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- c Submit an annual report summarizing:
 1. Project progress.
 2. Changes in key personnel.
 3. Problems encountered and how they were addressed.
 4. Alterations in approaches used.
 5. Actual expenditures for the year.
- c Provide information needed by SAMHSA to comply with GPRA reporting requirements.

Background

National attention was drawn to the mental health needs of public safety workers in the aftermath of the September 11, 2001, terrorist attacks in New York, Virginia, and Pennsylvania. For many of those who were closest to the attacks, such as the public safety workers involved in rescue and recovery efforts, the emotional impact is still unfolding.

Thousands of public safety workers were directly and personally affected by the loss of colleagues who died in the collapse of the World Trade Center towers. Many witnessed the buildings' collapse and may have narrowly escaped their own deaths. On a daily basis, hundreds of workers at the World Trade Center site have experienced ongoing stress as they continue the recovery efforts and the

search for the missing. Some have also reported physical concerns, such as respiratory problems, that may be related to this work or exposure to environmental contaminants in the immediate aftermath of the attacks.

Public safety workers have remained in a state of high activity and alert for many months. The impact of the attacks on the World Trade Center and the Pentagon was heightened by the Anthrax-laced letters subsequently sent to the offices of media and public officials, killing several people. Tremendous organizational challenges arose as public safety workers were called upon to address hundreds of real threats and hoaxes.

In addition, many of the same public safety workers involved in the response to the terrorist attacks were called upon when American Airlines Flight 587 crashed on November 12, 2001, in the Rockaway suburb of New York City. While not related to the September 11 attacks, this airline crash may have compounded already high levels of stress for some workers at a time when the community was just beginning the process of emotional recovery.

Workers may be experiencing a wide range of normal emotional reactions to a highly stressful event. Mental health issues may include depression, anger, anxiety, despair, guilt, self-doubt, and mood swings. Behavioral reactions may include sleep problems, emotional volatility, isolation or withdrawal, hypervigilance, excessive activity levels, and avoidance of reminders of the event. Depending on levels of exposure and personal risk factors, a portion of those exposed may experience very serious mental health issues,

including major depression, anxiety, and posttraumatic stress disorder (PTSD).

Some workers may also be vulnerable to adopting or resuming unhealthy coping strategies following a disaster. Some may begin or resume abusing substances or engage in addictive behavior, because they are overwhelmed by their disaster experience. High levels of stress, combined with substance abuse, may also increase the risk of family conflicts and domestic violence.

This new grant program will provide funds to increase mental health services for these public safety workers and others who may find themselves in disaster response situations. Examples of potential service recipients include the following:

- Firefighters/search and rescue personnel.
- Emergency medical personnel.
- Law enforcement personnel.
- Emergency services personnel.
- Public health workers.
- Construction workers and transportation workers directly involved in recovery work and the search for remains of victims.

This program will support services for up to 3 years, depending upon funding availability, and will encourage coordination and information sharing among grantees. The primary target population must be public safety workers.

Detailed Information on What to Include in Your Application

In order for your application to be complete and eligible, it must include the following in the order listed. Check off areas as you complete them for your application.

' 1. FACE PAGE

Use Standard Form 424, which is part of the PHS 5161-1 (revised July 2000). See Appendix A in Part II of the GFA for instructions. In signing the face page of the application, you are agreeing that the information is accurate and complete.

' 2. ABSTRACT

Your total abstract should be no longer than 35 lines. In the first five lines or less of your abstract, write a summary of your project that can be used in publications, reports to Congress, or press releases, if your project is funded.

' 3. TABLE OF CONTENTS

Include page numbers for each major section of your application and for each appendix.

' 4. BUDGET FORM

Use Standard Form 424A, which is part of the PHS 5161-1 (revised July 2000). See Appendix B in Part II of the GFA for instructions.

' 5. PROJECT NARRATIVE AND SUPPORTING DOCUMENTATION

The Project Narrative describes your project. It comprises Sections A through E. These sections may be no longer than 25 pages. More detailed information about Sections A through E follows #10 of this checklist.

G Section A - Target Population and Need

G Section B - Plan of Services

G Section C - Organizational Qualifications and Management Plan

G Section D - Evaluation Plan

Supporting documentation for your application should be provided in Sections E through H. There are no page limits for these sections, except for Section G, the Biographical Sketches/Job Descriptions.

G Section E - Literature Citations. This section must contain complete citations, including titles and all authors for any literature you cite in your application.

G Section F - Budget Justification, Existing Resources, Other Support

You must provide a narrative justification of the items included in your proposed budget, as well as a description of existing resources and other support you expect to receive for the proposed project.

G Section G - Biographical Sketches and Job Descriptions

-- Include a biographical sketch for the project director and for other key positions. Each sketch should be no longer than two pages. If the person has not been hired, include a letter of commitment from that individual with a biographical sketch.

- Include job descriptions for key personnel. They should not be longer than one page.
- Sample sketches and job descriptions are listed in Item 6 in the Program Narrative section of the PHS 5161-1.

G Section H - Confidentiality and SAMHSA Participant Protection (SPP)

The seven areas you need to address in this section are outlined after the Project Narrative description in this document.

' 6. APPENDICES 1 THROUGH 4

- Use only the appendices listed below.
- Do not use appendices to extend or replace any of the sections of the Program Narrative, unless specifically required in this GFA. (Reviewers will not consider them if you do.)
- Do not use more than 25 pages (plus all instruments) for the appendices.

Appendix 1 - Memoranda of Understanding, Letters of Agreement or Support: Provide copies of any memoranda of understanding, letters of agreement, or letters of support from key organizations representing the target population of public safety workers.

Appendix 2 - Data Collection Instruments/Interview Protocols: Provide copies of all available data collection instruments and interview protocols that you plan to use.

Note: Clearance from the U.S. Office of Management and Budget (OMB) will be necessary for any data collection beyond the ongoing standard collection of information about those served by the applicant organization.

Appendix 3 - Sample Consent Forms:

If the project will require written consent from participants for any services to be provided, or for exchange of information among service providers, include copies of sample consent forms to be used.

Appendix 4- Letter to State Mental Health Authority:

Include a copy of the cover letter to the Director of the State Mental Health Authority that accompanied a copy of the application and a request that comments on the application be submitted to the Center for Mental Health Services by July 19, 2002.

' 7. ASSURANCES

Non-Construction Programs. Use Standard form 424B found in PHS 5161-1 (revised July 2000).

' 8. CERTIFICATIONS

See Part II of the GFA for instructions.

' 9. DISCLOSURE OF LOBBYING ACTIVITIES

Please see Part II of the GFA for lobbying prohibitions.

' 10. CHECKLIST

See Appendix C in Part II of the GFA for instructions.

Project Narrative/Review Criteria—Sections A Through D Detailed

Sections A through D are the Project Narrative/Review Criteria of your application. They describe what you intend to do with your project. Below you will find detailed information on how to respond to sections A through D. Sections A through D may not be longer than 25 pages. Your application will be reviewed against the requirements described below for Sections A through D.

- c A peer review committee will assign a point value to your application based on how well you address each of these sections.
- c The number of points after each main heading shows the maximum number of points a review committee may assign to that category.
- c Bullet statements do not have points assigned to them. They are provided to invite attention to important areas within the criterion.
- c Reviewers will also be looking for evidence of cultural competence in each section of the Project Narrative. Points will be deducted from applications that do not adequately address the cultural competency aspects of the review criteria. SAMHSA's guidelines for cultural competence are included in Part II of the GFA.

Section A: Target Population and Justification of Need (25 points)

- < Identify the target population of the proposed project. For example, projects may focus on a specific category of public safety workers (firefighters/search and rescue personnel, emergency medical personnel, law enforcement personnel, emergency services personnel, public health workers, or construction workers involved in the search for remains). Or, projects may focus on providing services to all workers involved in activities in a particular area (e.g., recovery or the search for remains at landfill sites).

Note: While the primary target population for services must be public safety workers themselves, a secondary population of concern may be the families of these workers. Therefore, the assessment of need may describe reported family issues that have a clear connection to the disaster stressors.

- < Provide a needs assessment of the target population, including a review of available research literature on trauma and stress reactions.
- < Describe the specific circumstances in which the target population was exposed to stressful or traumatic activities. Provide a brief justification for why these events are considered to be part of the September 11 attacks and subsequent related events. You may also describe subsequent stressful events to which the target population has

been exposed that may have compounded the impact of the September 11 rescue and recovery efforts.

- < Describe the specific disaster-related mental health concerns of the target population. Emphasize mental health issues that may affect the ability to function in a work or home environment. Use a wide range of information sources to document mental health needs. For example, applicants may provide descriptive information based on key informant interviews, direct service experience, public reports or after-action reviews, and formal studies.
- < Describe any potential co-occurring substance abuse issues that are related to the disaster experience or have been exacerbated in the aftermath of the attacks.
- < Provide a description of services available through other funding sources (e.g., Federal Emergency Management Agency (FEMA)/CMHS Crisis Counseling Assistance and Training Program, SAMHSA Emergency Supplemental Funds, etc.), and explain why these services are not sufficient to address the specific needs identified for this application.

Section B: Plan of Services (40 points)

- < Provide a detailed plan of services, describing what specific types of mental health services will be provided, where services will be provided, and who will provide services.
- < Specify the program type and the service objectives. For example: How will service recipients be identified (e.g., outreach, self-referral, referral from other agencies, etc.)? How will mental health needs be assessed? Will services be available in individual or group settings, or both? Will services be provided only by mental health professionals or will peers, chaplains, and other types of support workers be used? Will services involve any family members, or will services focus only on the public safety workers themselves? (Public safety workers must be the primary service recipients.) How long will mental health services typically be provided?
- < Specify the ways in which the organization will assure meaningful participation of the target population and its families in the organization and delivery of services, as described in the CMHS Guidelines for Consumer and Family Participation (provided on page 14 of this document).
- < Explain why the proposed services are appropriate to the phase of disaster recovery in which the services will be provided. For example, because services will be initiated several months after a disaster event, services should be designed to address emotional trauma and mental stress at that phase of recovery.
- < If some services have already been available through the applicant organization, explain how the proposed mental health services will build upon and complement those services.

- < Explain the rationale or evidence base for the proposed service approaches. For example, applicants may identify whether the proposed approach is based on previous clinical experience with the target population, service experience with a related or similar population group, or research evidence justifying a particular technique or approach.

- < Provide a plan for coordination with other counseling or mental health services currently being provided in the community, including coordination with any services provided through the FEMA/CMHS Crisis Counseling Assistance and Training Program and the SAMHSA Emergency Supplemental funds. Explain how the proposed mental health services will build upon and complement those services.

Note: Applicants may provide letters of support from the FEMA/CMHS Crisis Counseling Program indicating areas of planned coordination, in Appendix 1.

- < Provide a plan for identifying and addressing co-occurring substance abuse issues that are related to the disaster experience or have been exacerbated in the aftermath of the attacks.
- < Provide a plan for coordination with, and referrals to, other community services agencies to address any additional service needs identified through the project (e.g., physical health issues, substance abuse treatment needs, family counseling needs that are not clearly related to the disaster exposure of the service recipient, or

individual mental health needs for other family members).

Note: Applicants may indicate linkage or close coordination with programs that screen or treat individuals experiencing physical health concerns, such as respiratory problems that may be related to work at the disaster site.

- < Indicate how services will be ethnically and culturally appropriate for the target population.

Section C: Organizational Qualifications and Management Plan (25 points)

- < Describe the applicant organization's relationship to the target population. For example, the applicant organization may demonstrate its connection to public safety workers either through a direct employment relationship, or through an agreement or partnership with organizations representing public safety workers. Provide evidence that the applicant organization is likely to be accepted by the proposed service recipients as a credible mental health service provider.
- < Describe the organization's qualifications to provide mental health services and the types of mental health services currently available. Include a listing of licenses or accreditations held by the organization.
- < Describe any existing partnerships with other community service agencies that may

be able to provide additional needed services. Examples are health service agencies, substance abuse service agencies, chaplaincy groups, and child and family service agencies.

- < Provide information on the organization's experience or track record with involving mental health consumers and their family members in all elements of the program. Describe a documented history of positive programmatic involvement of recipients of mental health services and their family members. Provide evidence that this involvement is meaningful and spans all aspects of the organization's activities, as described in the CMHS Guidelines for Consumer and Family Participation (provided on page 14 of this document).
- < Describe the organizational structure, lines of supervision, and management oversight for the project.
- < Describe the qualifications of personnel, including cultural appropriateness.
- < Describe the facilities and equipment that will be needed to implement the proposed plan of services. Indicate which facilities and equipment will be provided by the applicant organization and which will be purchased or leased under the grant. Descriptions should be consistent with information provided in the budget and budget narrative. Indicate if the facilities will be compliant with the requirements of the Americans with Disabilities Act (ADA).

Section D: Evaluation Plan (10 points)

- < Describe the plan for evaluating program implementation, documenting services provided, and collecting information to meet reporting requirements of the program.
- < Provide a plan for collecting and analyzing data on service recipients. Data collection should be limited in scope and include appropriate protections of privacy information. At a minimum, the project should be able to provide semiannual documentation of the numbers and demographic characteristics of persons served, the mental health issues of service recipients, and consumer satisfaction with services. Possible data collection approaches include service logs, contact sheets, and focus groups of consumers and/or providers of services.
- < Provide a plan for analyzing data collected through the project, incorporating "lessons learned" into project activities, and disseminating findings.

Confidentiality and SAMHSA Participant Protection

Part II of the GFA (available on the SAMHSA web page) provides a description of SAMHSA Participant Protection and the Human Subjects Regulations.

You must address seven areas regarding SAMHSA participant protection in your supporting documentation. If one or all of the seven areas is not relevant to your project, you

must document the reasons. No points will be assigned to this section.

This information will:

- 1) Reveal if the protection of participants is adequate or if more protection is needed.
- 2) Be considered when making funding decisions.

Some projects may expose people to risks in many different ways. In Section H of your application, you will need to:

- c Report any possible risks for people in your project.
- c State how you plan to protect them from those risks.
- c Discuss how each type of risk will be dealt with, or why it does not apply to the project.

The following seven issues must be discussed:

Ø Protection of Clients and Staff from Potential Risks:

- c Identify and describe any foreseeable physical, medical, psychological, social, legal, or other risks or adverse affects.
- c Discuss risks which are due either to participation in the project itself, or to the evaluation activities.
- c Describe the procedures that will be followed to minimize effects of or protect participants against potential risks, including risks to confidentiality.

- c Give plans to provide help if there are adverse effects on participants.

- c Where appropriate, describe alternative treatments and procedures that may be beneficial to the subjects. If you do not use these other beneficial treatments, provide reasons.

Ü Fair Selection of Participants:

- c Explain the reasons for focusing on this specific target population(s) for the proposed project. Include age, gender, and racial/ethnic background.
- c Explain the reasons for including or excluding participants.
- c Explain how you will recruit and select participants. Identify who will select participants.

Ü Absence of Coercion:

- c In this grant program, emphasis is placed on services that are voluntary. Explain if participation in the project is voluntary or required. If participation is not voluntary, identify possible reasons why it is required (e.g., court orders requiring people to participate in a program).
- c If you plan to pay participants, state how participants will be awarded money or gifts.

Ü Data Collection:

- c Identify from whom you will collect data (e.g., participants themselves, family members, or others). Explain how you will

collect data and list the site. For example, will you use work records, interviews, psychological assessments, observation, questionnaires, or other sources?

- c Identify what, if any, type of specimen (e.g., urine, blood) will be used. State if the material will be used just for evaluation and research or for other uses. Also, if needed, describe how the material will be monitored to ensure the safety of participants.
- c Provide in Appendix 2, "Data Collection Instruments/Interview Protocols," copies of all available data collection instruments and interview protocols that you plan to use.

Ü Privacy and Confidentiality:

Privacy and confidentiality are key concerns for many public safety workers.

- c Explain how you will ensure privacy and confidentiality. Include who will collect data and how it will be collected.
- c Describe:
 - How you will use data collection instruments.
 - Where data will be stored.
 - Who will or will not have access to information.
 - How the identity of participants will be kept private (e.g., by using a coding system on data records, limiting access to records, or storing identifiers separately from data).

Ý Adequate Consent Procedures:

- c List what information will be given to people who participate in the project. Include the type and purpose of their participation. Include how the data will be used and how you will keep the data private.
- c State:
 - Whether their participation is voluntary.
 - Their right to leave the project at any time without problems.
 - Risks from the project.
 - Plans to protect clients from these risks.
- c Explain how you will get consent for people with limited reading skills and people who do not use English as their first language.

NOTE: If the project poses potential physical, medical, psychological, legal, social, or other risks, you should get written, informed consent.

- c Indicate whether you will get informed consent from participants or from their legal guardians. Describe how the consent will be documented. For example: Will you read the consent forms? Will you ask prospective participants questions to be sure they understand the forms? Will you give them copies of what they sign?
- c Include sample consent forms in your Appendix 3, "Sample Consent Forms." If needed, provide English translations.

NOTE: Never imply that the participant waives or appears to waive any legal rights, may not end involvement with the project, or may release your project or its agents from liability for negligence.

- c Describe whether separate consents will be obtained for different stages or parts of the project. For example, will they be needed for both the treatment intervention and for the collection of data? Will individuals who do not consent to having individually identifiable data collected for evaluation purposes be allowed to participate in the project?

P Risk/Benefit Discussion:

Discuss why the risks are reasonable when compared with expected benefits and importance of the knowledge from the project.

Guidelines for Consumer and Family Participation

Throughout the process of developing and implementing program activities, applicants should demonstrate their experience or track record of involving mental health consumers and their family members in all elements of program planning and service delivery. The applicant organization should have a documented history of positive programmatic involvement of recipients of mental health services and their family members. This involvement should be meaningful and span all aspects of the organization's activities as described below:

- c Program Mission: An organization's mission should reflect the value of involving consumers and family members in order to improve outcomes.

- c Program Planning: Consumers and family members are involved in substantial numbers in the conceptualization of initiatives, including identifying community needs, goals and objectives, and innovative approaches. This includes participation in grant application development, including budget submissions. Approaches should also incorporate peer support methods.

- c Training and Staffing: The staff of the organization should have substantive training in and be familiar with consumer and family-related issues. Attention should be placed on staffing the initiative with people who are themselves consumers or family members. Such staff should be paid commensurate with their work and in parity with other staff.

- c Informed Consent: Recipients of project services should be fully informed of the benefits and risks of services and allowed to make a voluntary decision, without threats or coercion, to receive or reject services at any time.

- c Rights Protection: Consumers and family members must be fully informed of all rights, including: information disclosure, ~~choice of providers and plans, access to~~ emergency services, participation in treatment decisions, respect and nondiscrimination, confidentiality of health care information, complaints and appeals, and consumer responsibilities.

- c Program Administration, Governance, and Policy Determination: Consumers and family members should be hired in key

management roles to provide project oversight and guidance. Consumers and family members should sit on all Boards of Directors, Steering Committees, and Advisory bodies in meaningful numbers. Such members should be fully trained and compensated for their activities.

- c Program Evaluation: Consumers and family members should be integrally involved in designing and carrying out all research and program evaluation activities. This includes determining research questions, designing instruments, conducting surveys and other research methods, and analyzing data and determining conclusions. This includes involving consumers and family members in all submissions of journal articles. Evaluation and research should also include consumer satisfaction and dissatisfaction measures.